

# Confined Space Assessment Form

Location of Space:	Type of Space:
Dimensions:	
Date of Assessment:	
A. Confined Space Determination	
1. Area was NOT designed for continuous human occupancy. <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Area can be bodily entered and assigned work performed. <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Area has limited and or/restricted means of access and egress. <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>If you answered yes to ALL of the above, then the space has met the criteria for a confined space. Please move on to the next section.</b>	
B. Permit-Required Confined Space Determination	
1. Does the space have or have the potential for a hazardous atmosphere? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If a hazardous atmosphere was detected, please mark the hazard(s) below:	
<input type="checkbox"/> Oxygen Deficiency <input type="checkbox"/> Oxygen Enrichment <input type="checkbox"/> Explosive Gas/Vapor <input type="checkbox"/> Explosive Dust <input type="checkbox"/> <input type="checkbox"/> Hydrogen Sulfide <input type="checkbox"/> Carbon Monoxide <input type="checkbox"/> Chlorine <input type="checkbox"/> Other: _____	
2. Does the space have the potential to engulf the entrant? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please mark below if the hazard poses a potential for engulfment:	
<input type="checkbox"/> Water <input type="checkbox"/> Sand <input type="checkbox"/> Soil <input type="checkbox"/> Gravel/Loose Rock <input type="checkbox"/> Sewage <input type="checkbox"/> Oil	
<input type="checkbox"/> Other: _____	
3. Does the space have the potential to entrap the entrant? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Is there a potential for any other serious safety and health hazard? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please mark below:	
<input type="checkbox"/> Electrical <input type="checkbox"/> Moving Parts <input type="checkbox"/> Slips and Trips <input type="checkbox"/> Falling (deeper than 5 ft.) <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> <input type="checkbox"/> Skin or Eye Irritants <input type="checkbox"/> Noise <input type="checkbox"/> Chemicals <input type="checkbox"/> Other: _____	
5. How is the space entered?	
<input type="checkbox"/> Fixed Ladder (circle one: good condition or needs repair) <input type="checkbox"/> Stairs <input type="checkbox"/> Portable Ladder	
<input type="checkbox"/> Lowering Winch <input type="checkbox"/> Hatch	

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6. Will ventilation be required for the space?

YES  NO

If YES: (check all that apply)  Natural  Forced Positive  Forced Negative

7. Will the entrant need to detach from the lifeline requiring rescue to be on site?

YES  NO

## C. Alternate Entry Procedure Determination

1. If parts 2-4 of Section B were marked YES, then alternate entry procedures are NOT allowed for the space.
2. Is the only hazard an actual or potential hazardous atmosphere?  
 YES  NO  
If yes, will ventilation alone maintain safe conditions?  
 YES  NO

If yes has been marked for both questions in part 2, the space may use alternate entry procedures. If at any time the space changes and other hazards are present, it is automatically a permit-required space again.

## FINAL DETERMINATION: (Check All that Apply)

- Non-Permit Confined Space  Permit-Required Confined Space  
 Alternate Entry Procedures Allowed

Assessment Completed by: \_\_\_\_\_